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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Salazar for Congress 3725 West Flagler Street ADDRESS (number and street) #281 (Check if address is changed) Miami 33134 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS les@leswilliamson.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2021 C00714261 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Williamson, Les, , , Type or Print Name of Treasurer Williamson, Les,,, [Electronically Filed] 09 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

	FEC Fo	orm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
		e Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	o of	This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)	te the candidate
	lidate	Salazar, Maria, Elvira, ,	
	lidate ⁄ Affiliati	ion REP Office Sought: X House Senate President	State FL 27
			District
(c)	Ш	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Par	ty Con	nmittee:	emocratic,
(d)		· · ·	publican, etc.) Party.
Poli	tical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a
		Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	nmittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.	FEC ID number C	
	4.		

FEC Form 1 (Revised (02/2009)	Page 3
Write or Type Committee Name		- uge o
Salazar for Con	aress	
	rganization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
,2022 Phase 1 Patriot [Day JFC	
	228 S Washington Street	
Mailing Address		
	Suite 115	
	Alexandria VA	22314
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Iden books and records. 	tify by name, address (phone number optional) and position of the person	on in possession of committee
Williamson	, Les, , ,	
Full Name	3725 West Flagler Street	
Mailing Address	J#281	
	, Miami	33134
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	_ - 676 - 7442
3. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and ssistant treasurer).	d the name and address of
Full Name Williamson of Treasurer	Les, , ,	
Mailing Address	3725 West Flagler Street	
	<u> </u> #281	
	Miami	33134
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	_ 676 7442

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Telephone number	
safety deposit box Name of Bank, D	Depositories: List all banks or other depositories in which the committee deposits funds, hold ses or maintains funds. epository, etc. Chain Bridge Bank	ls accounts, rents
Mailing Address	1445-A Laughlin Avenue	
	McLean VA 22101	
	CITY STATE	ZIP CODE
Name of Bank, D	epository, etc.	
Mailing Address	EagleBank 2001 K Street NW	
9		
	Washington DC 20006	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundrais i	ing Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Jama of Any Connecto	d Organization, Affiliated Committee, Joint Fun	draining Depresentative	a ay Landarohin DAC Spana
FreedomWorks	_	uraising nepresentative	e, or Leadership FAC Spons
Mailing Address	111 K St NE		
	Suite 600		
	Washington	DC DC	20002
5	CITY A	STATE ▲	ZIP CODE ▲
		int Fundraising Representa	ative Leadership PAC Spo
Connect	ed Organization Affiliated Committee	int Fundraising Representa	ative Leadership PAC Spo
Connect Designated Agent: Ident	ed Organization Affiliated Committee	int Fundraising Represent	Leadership PAC Spo
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Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee Joint	int Fundraising Representation	Leadership PAC Spo
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ed Organization Affiliated Committee Joint		
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or necessity.	ed Organization	STATE A Telephone Number	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or not be boxes or not be boxes. Jame of Bank, Flush Depository, etc.	ed Organization	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	raising Representative	, or Leadership PAC Spon
GOP Winning We	omen		
Mailing Address	228 South Washington Street		
	Alexandria	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, Middle	CITY ▲ CITY ▲ Telest List all banks or other depositories in which aintains funds.	elephone Number	
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi r	ig Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Salazar for FL-27			
I			
Mailing Address	PO Box 30844		
	Bethesda	MD	20824
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identif		Fundraising Representa	Leadership PAC S
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, Regio	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	С
4		FEC ID number	С
Salazar Victory C	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Mailing Address	3725 West Flagler Street		
	#281		
	Miami	FL L	33134
5		STATE ▲	ZIP CODE ▲
	CITY ▲ d Organization	nt Fundraising Representa	ative Leadership PAC Spo
Connecte Designated Agent: Identif	od Organization Affiliated Committee		Leadership PAC Spo
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Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Affiliated Committee y Join y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Deposite afety deposit boxes or make the property of the pro	Affiliated Committee Affiliated Committee Join Tories: List all banks or other depositories in which aintains funds. Bank 1445 New York Avenue NW	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi r	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 30844		
	Bethesda	MD	20824-0844
B 1 1 .	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC Sp
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esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mail ame of Bank, epository, etc.	Affiliated Committee y by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which aintains funds. Fargo Bank	STATE A	ZIP CODE A